### FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering ( $\square$ ) check if this is an amendment and name has changed, and indicate change.)
Private Placement – 333,333 units at US\$0.30 per unit
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
QI SYSTEMS INC.
Address of Executive Offices (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)
Unit 101 – 3820 Jacombs Road, Richmond, British Columbia V6V 1Y6 (604) 248-2301
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)
Brief Description of Business
QI Systems designs hardware and software for cash card and smart card systems.
Type of Business Organization PROCESSE
corporation limited partnership, already formed other (please specify):
business trust limited partnership, to be formed JAN 1 6 2003
Month Year THOMOON
Actual or Estimated Date of Incorporation or Organization:  0 7 7 8 Actual EsTINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)

### GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of ATTENTION at exemption unless such exemption is predicated on the filing of a federal notice.

			NTIFICATION DATA		
2. Enter the information r	equested for the fol	lowing:			
<ul> <li>Each promoter of</li> </ul>	the issuer, if the is	suer has been organized wi	thin the past five years;		
<ul> <li>Each beneficial securities of the i</li> </ul>		power to vote or dispos	e, or direct the vote or o	lisposition of, 1	0% or more of a class of equi
Each executive o	fficer and director o	f corporate issuers and of c	orporate general and manage	ging partners of p	artnership issuers; and
<ul> <li>Each general and</li> </ul>	managing partner of	of partnership issuers.			
Check Box(es) that Apply	Promoter	X Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs Taherzadeh, Mesbah	t, if individual)				
Business or Residence Ad Unit 101 – 3820 Jacombs	•	Street, City, State, Zip Coo B.C. V6V 1Y6	le)		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs Parker, Billy Gene (Jr.)	<u></u>				
Business or Residence Ad Spotted Deer, The Woo		Street, City, State, Zip Coo USA	de)		
Check Box(es) that Apply	: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs Cocunato, Lillie	t, if individual)				
Business or Residence Ad 130 Monsheen Drive, Wo		Street, City, State, Zip Coc L 2E7	· .		
Check Box(es) that Apply	: Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name firs Jones, Craig	t, if individual)				
Business or Residence Ad Unit 101 – 3820 Jacombs		Street, City, State, Zip Coc B.C. V6V 1Y6	le)		
Check Box(es) that Apply	: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs Yugovich, Matthew	t, if individual)				
Business or Residence Ad 8806 Hwy 97, Lubbock,		Street, City, State, Zip Coo	le)		
Check Box(es) that Apply	: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	dress (Number and	Street, City, State, Zip Coo	de)		
Check Box(es) that Apply	: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
		Street, City, State, Zip Coo			

				В. 1	INFORMAT	TION ABO	UT OFFER	UNG				
1 Hogsh	o innues cold	ar daga th	- ii	md to coll to		litad imaaasa	: +1-: <i>C</i> (				Yes	No
i. mas in	e issuer sold							ering?				
0 117			wer also in		,	•					<b>#100</b>	000
2. What i	is the minim	um investm	ent that Will	be accepted	i trom any ii	ndividuai?				••••••	<u>\$100.</u> Yes	
3. Does t	he offering p	ermit joint	ownership o	of a single u	nit?			•••••	•••••			No
similar an asso or dea	the informati r remuneratio ociated perso ler. If more nation for tha	on for solic on or agent than five (5	itation of pu of a broker o ) persons to	rchasers in or dealer reg be listed ar	connection v gistered with	with sales of the SEC an persons of s	securities in d/or with a such a broke	the offering	g. If a perso s, list the na	on to be liste ime of the br	d is	
Full Name	(Last name	first, if ind	ividual)									
Business of	or Residence	Address (N	Number and	Street, City	State, Zip (	Code)						
Name of A	Associated B	roker or De	aler									
States in V	Which Persor	n Listed Ha	s Solicited o	r Intends to	Solicit Purc	hasers						
(Check "A	Il States" or	check indi-	vidual States	i)		••••	.,,,,,				☐ A1	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[N11] [TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business of	or Residence	Address (N	Number and	Street, City	State, Zip (	Code)						
		`				•						
Nome of A	Associated B	volcav av Da										
Name of A	Associated B	roker or De	ealer									
	Which Person										_	
•	All States" or											Il States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
run Name	: (Last hame	msi, n ma	ividuai)									
			- I I	<u> </u>	Q. 7: 4							
Business of	or Residence	Address (N	Number and	Street, City	, State, Zip C	Jode)						
Name of A	Associated B	roker or De	aler									
States in V	Which Person	n Listed Ha	s Solicited o	r Intends to	Solicit Purc	hasers						
(Check "A	All States" or	check indi	vidual States	s)				•••••			A1	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI] [MS]	[ID] [MO]
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[КҮ] [NJ] [ТХ]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[OR] [WY]	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	•		
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	ES AND USE OF PI	ROCEEDS
1.	Enter the aggregate price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$100,000	\$100,000
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$100,000	\$100,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
۷.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amounts of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$100,000
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)	0	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	Security	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$

4 of 8

\$1,000

\$

\$

\$99,000

Legal Fees

Accounting Fees

Other Expenses (identify)

Total ......

	b. Enter the difference between the aggregate Question 1 and total expenses furnished in difference is the "adjusted gross proceeds to the	response to Part C - Question 4.	a.	This	<u>-</u>	\$99,000
5.	Indicate below the amount of the adjusted gross used for each of the purposes shown. If the am estimate and check the box to the left of the estitute adjusted gross proceeds to the issuer set forth	ount for any purpose is not known, mate. The total of payments listed	furn must	ish an equal		
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees		. L	\$	_ ⊔	\$
	Purchase of real estate			<u> </u>	□	\$
	Purchase, rental or leasing and installation	of machinery and equipment	. [	] <u>s</u>	🗆	\$
	Construction or leasing of plant buildings	and facilities		<u>s</u>		\$
	Acquisition of other businesses (including this offering that may be used in exchange another issuer pursuant to a merger)	for the assets or securities of		] s		<u> </u>
	Repayment of indebtedness			] <del>s</del>		\$99,000
	Working capital			] <u>s</u>	一百	\$
	Other (specify):		Ē	] <del>s</del>	$ \Box$	\$
	Column Totals		F	\$ s		\$99,000
	Total Payments Listed (column totals add			- -		\$99,000
		D. FEDERAL SIGNATUR	E			
igr	issuer has duly caused this notice to be signed be ature constitutes an undertaking by the issuer to rmation furnished by the issuer to any non-accred	furnish to the U.S. Securities and	Exch	ange Commissio		
ssu	er (Print or Type)	Signature				Date
)I:	SYSTEMS INC.	m. huh.	1	millo.		December 6,
	ne of Signer (Print or Type)	Title of Signer (Print or Type	<del>1</del>	"HECIA"		Dreamber 6,
Иe	sbah Taherzadeh	President, Chief Executive	Offic	er Director		
	Dan Tancizaden	Tresident, Chief Executive	Ome	ci, Director		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
1. Is any party described in 17 CFR 23 of such rule?	0.252(c), (d), (e) or (f) presently subject to any of the	e disqualification provisions Yes No
	See Appendix, Column 5, for state response	onse.
The undersigned issuer hereby und (17 CFR 239.500) at such times as r		y state in which this notice is filed, a notice on Form D
3. The undersigned issuer hereby und offerees.	lertakes to furnish to the state administrators, upor	n written request, information furnished by the issuer to
	state in which this notice is filed and understands the	must be satisfied to be entitled to the Uniform Limited at the issuer claiming the availability of this exemption has
The issuer has read this notification and lauthorized person.	knows the contents to be true and has duly caused th	is notice to be signed on its behalf by the undersigned duly
Issuer (Print or Type)	Signature	Date
OI SYSTEMS INC	n tuli	Mars where 1 2 mi

President, Chief Executive Officer, Director

#### Instruction

Name (Print or Type)

Mesbah Taherzadeh

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1		2	3	4				5 Disqualification			
	to non- investo	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					under State ULOE (if yes, attach explanation of waiver granted) (Part E Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL		XX									
AK		XX									
AZ		XX									
AR		XX									
CA		XX									
со		XX									
СТ		XX									
DE		XX									
DC		XX									
FL		XX									
GA		XX									
НІ		XX									
ID		XX									
IL		XX									
IN		XX					<u> </u>				
IA		XX									
KS		XX									
KY		XX									
LA		XX									
ME		XX					<b>.</b>				
MD		XX									
MA		XX						_			
MI		XX									
MN		XX									
MS		XX									
МО		XX									

APPENDIX

	to non-a	d to sell	Type of security						
	(Part E	rs in State  3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
MT		XX							
NE		XX							
NV		XX							
NH		XX							
NJ		XX							
NM		XX							
NY		XX							
NC		XX							
ND		XX							
ОН		XX							
ок		XX							
OR		xx							
PA		XX							
RI		XX							
sc		XX							
SD		XX							
TN		XX							
TX		XX							
UT		XX							
VT		XX	-				1 1 1 1 1 1 1 1 1		
VA		XX							
WA		XX							
WV		XX		1	\$100,000				
WI		XX			,				
WY		XX							
PR		XX							